

Please type a plus sign (+) inside this box → ☒

022404

05908 U.S. PTO

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 393032016210

First Inventor Kazuhisa OKAMURA

Title PACKET HANDLER OF AUDIO DATA BY ISOCRONOUS MODE

Express Mail Label No. EV415770624US

17497 U.S. PTO  
10/786242

022404

## CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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Marco Jimenez

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 106]  
(preferred arrangement set forth below)  
- Descriptive title of the invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the invention  
- Brief Summary of the invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 12]
5. Oath or Declaration [Total Pages 1]  
a. ☐ Newly executed (original or copy)  
b. ☒ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☒ copy of recorded Assignment from prior application (the prior application is assigned to Yamaha Corporation, recorded in the prior application on 03/21/2000, Reel/Frame 010693/0029)
10. ☐ 37 CFR 3.73(b) Statement (where there is an assignee) ☐ Power of Attorney
11. ☐ English Translation document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations:
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
Should be specifically itemized  
Certified copies of seven Japanese patent applications were filed in parent Application No. 09/532,835 on 03/21/2000 as a claim to prior art. Attached is a copy of the transmittal letter.  
(if foreign priority is claimed)
15. ☒ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
16. ☐
17. ☐ Other

The PTO did not receive the following listed item(s) Page 7 of Specification

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/532,835 filed March 21, 2000

Prior application information:

Examiner Min JUNG

Group / Art Unit: 2663

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

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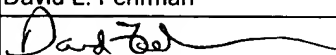
Registration No. (Attorney/Agent)

28,600

Signature

Date February 24, 2004+

la-709394

| FEE TRANSMITTAL<br>for FY 2004  |   | Effective 10/01/2003, Patent fees are subject to annual revision.  |                       |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|---|---|--|-----------------------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|--------------------|--------|-------------------------------------|-----|------|-----|-------------------|----|---|-----|------|-----|------------------|-----|---------------------------|-----|------|-------|--------------------|-------|--|-----|------|------|------------------------|------|--|--|--------------|--------|--------------|--------|---|----------|----------|----------|----------|----------|--|----|------|-----|------------------------|-----|---|----|------|-----|-----------------------------------|-----|--|-----|------|-------|---------------------------------------|-----|---|----|------|-------|--|-------|--|----|------|-----|--|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |   | <b>Complete if Known</b>   |                       |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |   | Application Number   | Not Yet Assigned      |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |   | Filing Date  | Concurrently herewith |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |   | First Named Inventor   | Kazuhisa OKAMURA      |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |   | Examiner Name  | Not Yet Assigned      |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |   | Art Unit   | Not Yet Assigned      |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| TOTAL AMOUNT OF PAYMENT (\$)  |   | 770.00   |                       |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Attorney Docket No.   |   | 393032016210   |                       |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>METHOD OF PAYMENT (check all that apply)</b>   |   | <b>FEE CALCULATION (continued)</b>   |                       |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">03-1952</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Morrison &amp; Foerster LLP</span><br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR 1.16 and 1.1<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |   | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> Other fee (specify) _____<br>*Reduced by Basic Filing Fee Paid |                       | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051               | 65     | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet. |     | 1053 | 130 | 1053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action   |  | 1805         | 1,840* | 1805         | 1,840* | Requesting publication of SIR after Examiner action |          | 1251     | 110      | 2251     | 55       | Extension for reply within first month |    | 1252 | 420 | 2252                   | 210 | Extension for reply within second month |    | 1253 | 950 | 2253                              | 475 | Extension for reply within third month |     | 1254 | 1,480 | 2254                                  | 740 | Extension for reply within fourth month |    | 1255 | 2,010 | 2255   | 1,005 | Extension for reply within fifth month |    | 1401 | 330 | 2401   | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity  |   | Small Entity   |                       | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)              |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051  | 130   | 2051   | 65                    | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052  | 50  | 2052   | 25                    | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053  | 130   | 1053   | 130                   | Non-English specification  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812  | 2,520   | 1812   | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804  | 920*  | 1804   | 920*                  | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805  | 1,840*  | 1805   | 1,840*                | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251  | 110   | 2251   | 55                    | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252  | 420   | 2252   | 210                   | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253  | 950   | 2253   | 475                   | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254  | 1,480   | 2254   | 740                   | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255  | 2,010   | 2255   | 1,005                 | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401  | 330   | 2401   | 165                   | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402  | 330   | 2402   | 165                   | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403  | 290   | 2403   | 145                   | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451  | 1,510   | 1451   | 1,510                 | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452  | 110   | 2452   | 55                    | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453  | 1,330   | 2453   | 665                   | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501  | 1,330   | 2501   | 665                   | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502  | 480   | 2502   | 240                   | Design issue fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503  | 640   | 2503   | 320                   | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460  | 130   | 1460   | 130                   | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807  | 50  | 1807   | 50                    | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806  | 180   | 1806   | 180                   | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021  | 40  | 8021   | 40                    | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809  | 770   | 2809   | 385                   | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810  | 770   | 2810   | 385                   | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801  | 770   | 2801   | 385                   | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802  | 900   | 1802   | 900                   | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>FEE CALCULATION</b>  |   | <b>SUBTOTAL (3) (\$)</b>   |                       |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> SUBTOTAL (1) (\$) 770.00 |   | Large Entity   |                       | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770      | 2001 | 385 | Utility filing fee | 770.00 | 1002                                | 340 | 2002 | 170 | Design filing fee |    | 1003  | 530 | 2003 | 265 | Plant filing fee |     | 1004                      | 770 | 2004 | 385   | Reissue filing fee |       | 1005   | 160 | 2005 | 80   | Provisional filing fee |      | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> SUBTOTAL (2) (\$) 0 |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                   | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                    | 86 | 2201 | 43  | Independent claims in excess of 3 |     | 1203                                   | 290 | 2203 | 145   | Multiple dependent claim, if not paid |     | 1204                                    | 86 | 2204 | 43    | ** Reissue independent claims over original patent |       | 1205                                   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |   | Small Entity   |                       | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)              |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001  | 770   | 2001   | 385                   | Utility filing fee   | 770.00   |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002  | 340   | 2002   | 170                   | Design filing fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003  | 530   | 2003   | 265                   | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004  | 770   | 2004   | 385                   | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005  | 160   | 2005   | 80                    | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |   | Small Entity   |                       | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)              |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18  | 2202   | 9                     | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 86  | 2201   | 43                    | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 290   | 2203   | 145                   | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 86  | 2204   | 43                    | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18  | 2205   | 9                     | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above  |   | SUBTOTAL (3) (\$) 0  |                       |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBMITTED BY</b> (Complete if applicable)  |   |  |                       |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Name (Print/Type)   | David L. Fehrman  | Registration No. (Attorney/Agent)  | 28,600                |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Signature   |  | Telephone  | (213) 892-5601        |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |   | Date   | February 24, 2004     |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |        |                                     |     |      |     |                   |    |   |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |      |     |                        |     |   |    |      |     |                                   |     |  |     |      |       |                                       |     |   |    |      |       |  |       |  |    |      |     |  |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In the application of:

Kazuhisa OKAMURA

Serial No.: Not yet Assigned

Filing Date: Concurrently herewith

For: PACKET HANDLER OF AUDIO DATA  
BY ISOCHRONOUS MODE

Examiner: Not Yet Assigned

Group Art Unit: 2663

Parent Serial No.: 09/532,835

Parent Filing Date: March 21, 2000

**NOTICE OF CHANGE OF CORRESPONDENCE ADDRESS  
AND ASSOCIATE POWER OF ATTORNEY**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

Dear Sir:

1. Notice of Change of Correspondence Address

Please direct all future communication in connection with the above-entitled application to the undersigned attorney of record at the following new address:

David L. Fehrman  
Morrison & Foerster LLP  
555 West Fifth Street, Suite 3500  
Los Angeles, California 90013-1024

Please direct all telephone communications to David L. Fehrman at (213) 892-5601.

2. Associate Power of Attorney:

Please recognize the following as associate attorneys in the above entitled application:

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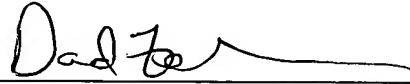
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all of Morrison & Foerster LLP, 555 West Fifth Street, Suite 3500, Los Angeles, California 90013-1024, telephone: (213) 892-5200, said appointment to be to the exclusion of the inventors and their attorneys in accordance with the provisions of 37 C.F.R. § 3.71 provided that if any one of said attorneys or agents ceases being affiliated with the law firm of Morrison & Foerster as

partner, employee or of counsel, such attorney's or agent's appointment as attorney or agent and all powers derived therefrom shall terminate on the date such attorney or agent ceases being so affiliated.

Dated: February 24, 2004

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Dad Fehrman", written over a horizontal line.

David L. Fehrman, Reg. No. 28,600  
Attorneys for Applicant(s)

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